MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH,

B63-028162

ON THIS STUB	TITE AMENDED			- 1	 	THE PROPERTY OF THE PROPERTY O								
					PLACE OF DEATH	2 1963				2. USUAL RESIDI	ENCE (W	here deceased	ived. If institution	: Residence before
VS 300	ا يوا	1 1	1		a. COUNTY	JACKSON				a. STATE KA	NSAS	b. COUNTY	JOHNSON	admission)
Rev. 4/59	9				b. CITY (If ourside co	orporate limits, give TOWN	SHIP onl	y) l	ength of stay in 1b	c. CITY OR				Inside Limits
	AMENDED	1				ANSAS CITY			l½ yrs	TOWN S	LAWNE	E MISSIC	ON	Yes ∑ □ No □
1 //	lui l	1		_	c. FULL NAME OF (IF	NOT in hospital, give loca	tion)		Inside Limits	d. STREET ADDRESS		(If cutside	e, give location)	Reside on Farm
28/202	DATE				INSTITUTION S	ST. LUKES HOSI	LATT	<u>.</u>	Yes 🛣 No 🗆	ADDRESS	7816	BOOTH I	RIVE	Yes □ No 🗓
3		1 :	7	3.	NAME OF DECEASED	First		Mi	ddle	Last	4. D	ATE A	Month Day	Year
	_				(Type or print)	VICTOR		J.	BORZO	NE	DE	OF ATH JUN	E 26, 196	3
4 0					SEX	6. COLOR OR RACE		arried 🛚	Never Married [8. DATE OF BIRTI		GE (last birthday	y) IF UNDER 1 YE	AR IF UNDER 24 HR
5			1		1ALE	WHITE	L	dowed 💢	Divorced 🗌	6-9-1887	, .	6	Months Days	<u> </u>
	۱ ا			10a		(Give kind of work done ng Ijfe, even if retired)	10b. KI	ND OF BU	SINESS OR INDUSTR	11. BIRTHPLACE	(City and	d state or country	··	F WHAT COUNTRY
	<u> </u>	11			Restaura	ant owner	<u> </u>			Paris,	Franc		USA	
7 1	4 1 1				FATHER'S NAME				HER'S MAIDEN NAM	="			F HUSBAND OR WI	E
8 -	₫				Inthony Borz			_	ry Cafferat			Anger	la B er zone	<u> </u>
	€					R IN U.S. ARMED FORCES? yes, give war or dates of			IAI SECURITY NO.	17. INFORMANT	: 0		Address	_
9024X	[발	Ιi			NO PEATH	1 (Enter only one cause per	line for	7a\		rirs. Lou	Lse G	raves 92	08 Ensley	Lane
10	<				PART I.	DEATH WAS CAUSED BY				, '				ONSET AND DEATH
	를 많		Š			IMMEDIATE CAUSE (a) <u>/</u>	411	con	mes				
	EAD OF		DOCUMENT	1			-72	- ^	i Neph	2 2 7 7 .				
14// 4 1	STE/			1		ons, if any,] DUE TO (by ave rise to)	o)	ME	my for	yeurs.				
13	INST	1.1												
		1 1	1		stating	cause (a), } the under-	OF	> Le	ti Ro	de				
	7	+1	-		stating lying c	the under- cause last. DUE TO (_	<u>ibe</u>	to ac	Ador.		DAR	OT III If decored	was formely was
	5		-	NOT	stating lying c	the under-	ÖNDITIC	NS CON	to ac	Ador.	to the te	erminal PAR	RT III. If deceased there a preg	was female was nancy in last 90 days.
	기			ICATION	stating lying c	the under- cause last. DUE TO (I. OTHER SIGNIFICANT C	ÖNDITIC	NS CON	to ac	Ador.	to the te	erminal PAR	there a preg	
	기			ERTIFICATION	stating lying of PART II	the under- cause last. DUE TO (I. OTHER SIGNIFICANT C	ONDITION PART	NS CON	TE ACTION TO DEAT	H but not related			there a preg	nancy in last 90 days. No Unknown
	기			AL CERTIFICATION	PART II	the under cause last. DUE TO (c) OTHER SIGNIFICANT C disease condition given in the condition of the condit	ONDITION PART	ONS CON'	TE ACT TRIBUTING TO DEAT Ty .	H but not related			there a preg	nancy in last 90 days. No Unknown
	AMEINDMEN ON			CAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO VES HOUTON	the under- cause last. DUE TO (i OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICID Month, Day, Year	ONDITION PART	ONS CON'	TE ACT TRIBUTING TO DEAT Ty .	H but not related			there a preg	nancy in last 90 days. No Unknown
	기			MEDICAL CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO NO INJURY A.m. p.m.	the under- cause last. DUE TO (c) 1. OTHER SIGNIFICANT C disease condition given conditions and conditions condi	ONDITION PART	ONS CON'	IRIBUTING TO DEAT	H but not related	ED. (Enter	nature of injury	there a preg	nancy in last 90 days. No Unknown
INK	기			MEDICAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO	the under- cause last. DUE TO (i 1. OTHER SIGNIFICANT of disease condition given 20a. ACCIDENT SUICID T Month, Day, Year ED 20e. PLACE farm,	ONDITION PART	ONS CON' I (a) WILLIOE JRY (a.g.,	TE ACT TRIBUTING TO DEAT Ty .	H but not related	ED. (Enter	nature of injury	there a preg	nancy in last 90 days. No Unknown Il of item 18.)
K INK RIBBON	Amendiments			CAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO INJURY P.m.	the under- cause last. DUE TO (i 1. OTHER SIGNIFICANT of disease condition given 20a. ACCIDENT SUICID T Month, Day, Year ED 20e. PLACE farm,	ONDITION PART	ONS CON' I (a) WILLIOE JRY (a.g.,	IRIBUTING TO DEAT	W INJURY OCCURRI	ED. (Enter	nature of injury	there a preg	nancy in last 90 days. No Unknown Il of item 18.)
K INK RIBBON	AMENDMENTS O			MEDICAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO INJURY A.m. p.m. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT 21. I attended the de	the under- cause last. DUE TO (i 1. OTHER SIGNIFICANT of disease condition given 20a. ACCIDENT SUICID T Month, Day, Year ED 20e. PLACE farm, i work cceased from cceased from cceased from cceased cceased	ONDITION PART	ONS CON' I (a) WILLIOE JRY (a.g.,	IRIBUTING TO DEAT	W INJURY OCCURRI	DR LOCA	nature of injury	there a preg	nancy in last 90 days. No Unknown II of item 18.)
K INK RIBBON	AMENDMENTS O			oughnou medical certifi	19. WAS AUTOPSY PERFORMED? YES NOT INJURY A.m. p.m. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT Death occurred at Death occurred at the second occurred at the sec	the under- cause last. DUE TO (i I. OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICID T Month, Day, Year ED 20e. PLACE farm, i eccased from	OF INJU	JRY (a.g.,	IRIBUTING TO DEAT	W INJURY OCCURRI	DR LOCA	nature of injury	there a preg	nancy in last 90 days. No Unknown II of item IB.) STATE Causes stated.
K INK RIBBON	AMENDMENTS O		. OF	hnou Medical Certifi	19. WAS AUTOPSY PERFORMED? YES NO INJURY A.m. p.m. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT 21. I attended the de	the under- cause last. DUE TO (i I. OTHER SIGNIFICANT C disease condition given 20a. ACCIDENT SUICID T Month, Day, Year ED 20e. PLACE farm, i eccased from	ONDITION PART	JRY (a.g.,	IRIBUTING TO DEAT	W INJURY OCCURRI	DR LOCA	nature of injury	there a preg	nancy in last 90 days. No Unknown II of item 18.)
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K INK RIBBON	SHOULD READ		4VIT	Boughnou Medical Certifi	19. WAS AUTOPSY PERFORMED? YES NO NOT NUT A	the under- cause last. DUE TO (in the last). OTHER SIGNIFICANT Conditions of the last condition given given the last condition given the last con	OF INJU	JRY (a.g., treet, offi	IRIBUTING TO DEAT 120b. DESCRIBE HOT in or about home, ce bldg., etc.) 15 to 16 16 cemetery or creating the control of the cemetery of the cemeters of the	W INJURY OCCURRED 20f. CITY, TOWN, Company of the stated above the stated	DR LOCA	nature of injury TION aw him flive on the best of my k CATION (City, t	COUNTY County	nancy in last 90 days. No Unknown II of item IB.) STATE Causes stated.
K INK RIBBON	AMENDMENTS O		Ϋ́	oughnou medical certifi	19. WAS AUTOPSY PERFORMED? YES NO INJURY A.m. p.m. 20d. INJURY OCCURR WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WHILE WORK	the under- cause last. DUE TO (in the cause last). DUE TO (in the cause l	OF INJU	JRY (a.g., treet, offi	IRIBUTING TO DEAT 20b. DESCRIBE HOT in or about home, ce bldg., etc.) , to	W INJURY OCCURRED 20f. CITY, TOWN, Company of the stated above the stated	DR LOCA	nature of injury TION aw him flive on the best of my k CATION (City, t	county Missouri	nancy in last 90 days. No Unknown II of item IB.) STATE Causes stated.

a. N Boughouse 315 Mahel Rl 261-7460

STATEMENT BY LICENSED EMBALMEN

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3-35

l here	by certify that the	body whose name is r	recorded on the	reverse sid	de of this certific	ate was emb	almed by me,		
or by					Student Embalmer No				
working unde	r my personal sup	ervision.	7	RI	1		les		
Student		 	Signed)ove	U.S. c	f ans	Kla		
	Signature of Stu	dent Embalmer				_	102		
de 👡 🥇	47 mayor	4 14 14 14 14 14 14 14 14 14 14 14 14 14	· · · · · · · · · · · · · · · · · · ·		Licensed Embeln	ner No.	mo.		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.